Effective December 8, 2004 . 10/087, 608												
CLAIMS AS FILED - PART! SMALL ENTITY OTHER THAI (Column 1) (Column 2) TYPE OR SMALL ENTITE												
TO	TAL CLAIMS	•						RATE	FEE]	RATE	FEE
FC	×	•	MANGER FILED		MUMBER EXTRA			BARIC FI	150.00	OR	Basic Fee	300.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 25:	.]	OR	X\$50=	
IN	DEPENDENT C	AIMS .	minus 3 =					X100=		OR	X200-	
MULTIPLE DEPENDENT CLAIM PRESENT								+180=		OR	+360+	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR		
CLAIMS AS AMENDED - PART II OTHER THA												
ı			SMAL	LENTITY	OR	SMALL	ENTITY					
MTA	His/ble	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	. 31	Minus	-3	<u>3</u>	• /		X\$ 25=		OR	X\$50=	1
	Independent	· 3	Minus		3	·/		X100=		OR	X200=	. / .
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						'	+180=		OR	+360=	
DO OF TOTAL ADOPT FEE										OR	YOTAL ADDIT, FEE	10
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH MUME PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total -	• 31	Minus	- 3	3_	• /		X\$ 25a	,	OB.	X\$50=	
SE	Independent	• 3	Minus	•••	3	•		X100=	1	OR	X200=	
	FIRST PRESE	NTATION OF MIL	LTIPLE DEF	ENDENT	CLAIM		'	+180=		OR	+360=	
								YOTA LOCAL FEL		OR	TOTAL ADDIT, FEE	
	. :	(Column 1)		. (Colum		(Column 3)	. ′					
Die	9-13-07	CLAIMS REMAINING AFTER, AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 31	Minus	- 3	3			X\$ 25=	/.	OR.	X\$50=	
AMENDA	Independent	. 3	Minus	ے مند		-		X100=	, /	OR	X200=	/
	FIRST PRESE	ļ		1/								
All this entry in column 1 is less than this gray in column 2, write 'V' is column 2.											+360=	200 VOC 10
** !	the Highest His	ther Previously Pa	M FOR IN THE	S SPACE IN	loss this	1 20, anter 20. 1 3, enter 2.	•	DOTT. FEE	ļ	OR	ADDIT FEE	
1	he Tighes Num	ber Previously Per	Fa" (Total o	Independe	nd) la thi	highed numbe	r fou	nd in the it	ppropriate box	i ju col	umnid.	
		2		<u> </u>								Alegarica Con

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